



2009 Advantra Freedom Member Guide For PEIA Members

July 1, 2008 - June 30, 2009

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at:

www.advantrafreedom.com

Advantra Freedom is a Medicare Advantage Private Fee-For-Service (PFFS) plan offered through Coventry Health and Life Insurance Company, First Health Life & Health Insurance Company and Cambridge Life Insurance Company, Coventry Health Care, Inc. subsidiaries who contract with the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. The Coventry Health Care, Inc. subsidiaries' contracts with CMS are renewed annually, and the availability of coverage beyond the end of the current contract year is not guaranteed.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

1 (800) MEDICARE (1-800-633-4227) TDD/TTY users should call 1 (877) 486-2048 24 hours a day, 7days a week

Or

The Social Security Administration 1 (800) 772-1213 TDD/TTY users should call 1 (800) 325-0778; or your State Medicaid Office 7:00 a.m. and 7:00 p.m., Monday through Friday

Limitations, co-payments and/or co-insurance may apply.

Important Phone Numbers

CUSTOMER SERVICE

HOURS OF OPERATION

Monday through Friday, 8:00 a.m. to 10:00 p.m., Eastern Standard Time.

NUMBERS

Toll-free: 1 (877) 337-4178

TDD/TTY for the hearing impaired: 1 (866) 386-2335

Fax: 1 (866) 759-4415

MAILING ADDRESS

Advantra Freedom Coventry Health Care, Inc. PO Box 7154

London, KY 40742-7154

INTERNET ADDRESSES

Advantra Freedom – www.advantrafreedom.com **PEIA –** www.WVPEIA.com

LIFESTYLES - WELLNESS PROGRAMS

Nurse Information Line: 1 (800) 765-7197

TDD/TTY for the hearing impaired: Call your state relay number.

Hours of Operation: 24 hours a day, 7 days a week

EMERGENCY HELP - In an emergency, go to the nearest hospital emergency room, call 911 or call your local emergency phone number. In all other situations, call your doctor.

TO SUBMIT MEDICAL PAPER CLAIMS

Please mail claim forms to: Advantra Freedom Coventry Health Care, Inc. PO Box 7154 London, KY 40742-7154

PHARMACY SERVICES/PART D PRESCRIPTION DRUG INFORMATION:

Pharmacy Customer Service: 1 (888) 816-7671 TDD/TTY for the hearing impaired: 1 (866) 236-1069 Hours of Operation: 24 hours a day, 7 days a week

For questions about your pharmacy benefit or to order prescriptions by mail, call Pharmacy Customer Service at 1 (888) 816-7671.

TO SUBMIT PRESCRIPTION PAPER CLAIMS

Please mail claim forms to: Caremark, Inc. Medicare Part D Claims PO Box 52193 Phoenix, AZ 85072-2193

MEDICARE

Call 1-800-MEDICARE (1-800-633-4227) to ask questions or get free information booklets from Medicare. You can call this national Medicare helpline 24 hours a day, 7 days a week. The TDD/TTY number is 1 (877) 486-2048.



We are extremely pleased to have you enrolled in our health plan and look forward to serving you. Coventry Health Care, Inc. brings years of health care experience to our Medicare Advantage Private Fee-For-Service Plan, Advantra Freedom.

It is important that you understand how to use your health plan benefits and where to get your questions answered. You can seek care for Advantra Freedom plan covered services from any physician or hospital in the U.S. who accepts Medicare and Advantra Freedom's terms and conditions of payment – with no referrals.

Please take a few minutes to review the contents of this package and become familiar with the details of your health benefits.

- What People on Medicare Need to Know About Private Fee-For-Service Plans (front)/ What
 Health Care Providers Need to Know About Private Fee-For-Service Plans This leaflet
 provides important information on how a Private Fee-For-Service Plan works for both you and
 your provider. Two copies are included one for you and one for your provider.
- Member Guide This section provides guidelines on using your Advantra Freedom's many benefits as well as forms to help us provide you with the best service.
 - Provider Letter (3 copies) This letter will provide your physician with important information about your Advantra Freedom health plan and guide her or him in administering the plan benefits with ease and assurance.
 - Provider Outreach Form This form allows an Advantra Freedom representative to contact your provider(s) on your behalf to explain how the plan works and to answer any questions they may have.
 - Authorized Representative Form This form allows you to authorize another person to act on your behalf under the laws of the state where you reside.
 - HIPAA Privacy Notice This notice describes how medical and personal information about you may be used and disclosed and how you can get access to this information.
 - Business Reply Envelope Please use this postage-paid envelope to submit your Provider Outreach Form and/or Authorized Representative Form.
- Evidence of Coverage (EOC) This section provides details about your Medicare health and prescription drug coverage and explains how to get the health and prescription drug care you need.
- Formulary This booklet lists Advantra Freedom's covered medications.
- Prescription Drug Mail Order Form This form allows you to receive your maintenance medications by mail.

If you need additional physician letters to take to your providers, call the Customer Service numbers listed. You may also photocopy the letter or print it from our website at www.advantrafreedom.com. Simply click on the *Already A Member of Advantra Freedom* link which will take you to the *Member Home Page*. Scroll down to the *Member Information* section and select the *Member Forms* link.

After you read your Member Guide, put it away in a safe place for future reference. Advantra Freedom's Customer Service Department is available to answer any questions you may have about your coverage.

Thank you for choosing our Plan. We look forward to serving you.

Sincerely,

Advantra Freedom Team

What People on Medicare Need to Know About PRIVATE FEE-FOR-SERVICE PLANS

Advantra Freedom is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than Original Medicare or an HMO, PPO, or Medicare supplement plan.

Advantra Freedom gives you the ability to choose your health care provider. However not all providers may accept this plan, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Advantra Freedom coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Advantra Freedom terms and conditions of payment for treating you. Providers have the right to decide if they will accept Advantra Freedom each time they see you. This is why you must show your Advantra Freedom ID card every time you visit a health care provider.

If your provider agrees to Advantra Freedom terms and conditions of payment

If your provider decides to accept the Advantra Freedom plan, they must follow our plan's terms and conditions for payment. They must thereafter bill Advantra Freedom for those services. However, providers have the right to decide if they will accept Advantra Freedom each time they see you.

If your provider does not agree to Advantra Freedom's terms and conditions of payment

A provider may decide not to accept Advantra Freedom's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET. for assistance locating another provider

in your area willing to accept our plan's terms and conditions of payment.

What happens if a provider declines to accept Advantra Freedom's terms and conditions of payment?

- They should not provide services to you except for emergencies.
- If they choose to provide services, they may not bill you. They must bill Advantra Freedom for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's web site http://www.cms.hhs. gov PrivateFeeforServicePlans/. If you have questions about Advantra Freedom, please call our Customer Service department at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET.



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What Health Care Providers Need to Know About PRIVATE FEE-FOR-SERVICE PLANS



Advantra Freedom is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than an HMO, PPO, or Medicare supplement plan.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at www.advantrafreedom.com, and if you have questions, then you can call us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET. Enrollees must inform you, before obtaining services from you, that they have purchased Advantra Freedom for their Medicare coverage. This gives you the right to choose to accept Advantra Freedom's enrollees. You have a right to make that choice each time service is needed by an Advantra Freedom enrollees.

If you decide to accept Advantra Freedom terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat an Advantra Freedom enrollee. If you decide to treat an Advantra Freedom enrollee, you will be subject to our plan's terms and conditions of payment and must bill Advantra Freedom for covered services. However, you have the right to decide, on a patient-by-patient and visitby-visit basis, whether to treat Advantra Freedom enrollees. You may learn our terms and conditions of payment and other information about our plan on our website at www.advantrafreedom.com or by calling us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET.

If you decide not to accept Advantra Freedom's terms and conditions of payment

If you decide not to treat an Advantra Freedom enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Advantra Freedom for covered health care services. You must collect from the enrollee only the appropriate Advantra Freedom copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat an Advantra Freedom enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our website at www.advantrafreedom.com or by calling us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET.

For more information about PFFS plans see Provider Qs & As at CMS's web site http://www.cms.hhs.gov/PrivateFeeforServicePlans/. If you have questions about Advantra Freedom, please call our provider relations department at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET.

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If your provider agrees to Advantra Freedom terms and conditions of payment

If your provider decides to accept the Advantra Freedom plan, they must follow our plan's terms and conditions for payment. They must thereafter bill Advantra Freedom for those services. However, providers have the right to decide if they will accept Advantra Freedom each time they see you.

If your provider does not agree to Advantra Freedom's terms and conditions of payment

A provider may decide not to accept Advantra Freedom's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET. for assistance locating another provider

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What Health Care Providers Need to Know About PRIVATE FEE-FOR-SERVICE PLANS



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A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at www.advantrafreedom.com, and if you have questions, then you can call us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET. Enrollees must inform you, before obtaining services from you, that they have purchased Advantra Freedom for their Medicare coverage. This gives you the right to choose to accept Advantra Freedom's enrollees. You have a right to make that choice each time service is needed by an Advantra Freedom enrollees. You do not have to sign a contract to see Advantra Freedom enrollees.

If you decide to accept Advantra Freedom terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat an Advantra Freedom enrollee. If you decide to treat an Advantra Freedom enrollee, you will be subject to our plan's terms and conditions of payment and must bill Advantra Freedom for covered services. However, you have the right to decide, on a patient-by-patient and visitby-visit basis, whether to treat Advantra Freedom enrollees. You may learn our terms and conditions of payment and other information about our plan on our website at www.advantrafreedom.com or by calling us at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET.

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If you decide not to treat an Advantra Freedom enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Advantra Freedom for covered health care services. You must collect from the enrollee only the appropriate Advantra Freedom copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat an Advantra Freedom enrollee.

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For more information about PFFS plans see Provider Qs & As at CMS's web site http://www.cms.hhs.gov/PrivateFeeforServicePlans/. If you have questions about Advantra Freedom, please call our provider relations department at 1 (877) 337-4178, TDD: 1 (866) 386-2335, M-F, 8:00 a.m. – 10:00 p.m., ET.

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Using Your Benefits

Your benefits are explained further in the Evidence of Coverage (EOC) which is included in this package. This section provides a high level overview of some of your Advantra Freedom benefits.

Primary Care Physician and Specialist Visits

You do not have to choose a **primary care doctor** with Advantra Freedom. You can continue to see your physician if he/she accepts the Plan and its terms and conditions of payment.

As an Advantra Freedom member, you can go to any **specialist** without a referral who accepts Medicare and agrees to accept Advantra Freedom's terms and conditions of payment.

We have included three copies of a Provider Letter that you can take with you to your first physician's appointment. This letter will give your providers important information about your Advantra Freedom health plan and guide them in administering the Plan benefits with ease and assurance.

Tips for Making Appointments:

- 1. Have your Advantra Freedom member ID card handy to answer any questions the doctor's office may have.
- 2. If you must cancel an appointment, try to give at least 24 hours notice. If you are running late or cannot keep the appointment, call the office as soon as possible. Doctors may charge a fee (not covered by Advantra Freedom) for missed appointments not canceled in advance.

Hospital Visits

There are two instances where you may need to go to the hospital – for an Emergency or for a planned, scheduled procedure. Your physician would be able to direct you to a facility where he/she has privileges. The hospital must accept Medicare and agree to accept Advantra Freedom's terms and conditions of payment prior to providing health care, with the exception of emergencies.

For detailed explanation of your benefits, see the EOC.

Clinical and Chronic Care Management

Advantra Freedom offers helpful disease management programs to aid members with certain conditions such as Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), End Stage Renal Disease (ESRD) and Diabetes. Our chronic care management programs improve the quality of care and the quality of life for members with such conditions. You now have access to our nurses who will talk with you about your medical conditions and provide personalized health education for members who are at the highest risk for disease complications. All members receive initial educational information to promote self-management of their disease. Depending on the status of the disease, you may receive additional educational materials that provide more detailed information about the specific aspects of the condition.

Health Risk Assessment (HRA) Form

Our goal at Advantra Freedom is to facilitate care that is tailored to your needs. One of the ways we can do this is to learn as much as we can about your health care. Within 90 days from your effective date, you will receive a *confidential* questionnaire titled HRA. Please take a few minutes to answer the questions and return the form in the envelope that will be provided. This information will be used to identify ways we can assist you with any special medical needs you may have. After review of your answers by our health care team, one of our nurses may call you to discuss how we can work with you to maintain or improve your health. Your answers will not affect your Advantra Freedom coverage, and the information will not be shared with your former employer. Completing this form is optional, however, we feel strongly that the information would be useful for us to help you attain a better quality of life. Again, please be assured that this information will remain confidential.

Prescription Coverage

Advantra Freedom offers a comprehensive prescription drug benefit plan which is available to you. We have two goals for our prescription drug benefit: to deliver quality services with effective treatments and to keep your prescription costs as low as we can.

Managing Quality

There are thousands of prescription drugs available from various pharmaceutical companies today. Many of these are virtually identical in safety and effectiveness. But in some cases, there are major differences in their costs. Our goal is to provide our members with safe, effective drugs at a reasonable price. One way to do this is through a drug formulary. A formulary is a list of approved medications covered by your Plan.

Why Use a Formulary?

Formularies have several purposes. One is to ensure that the drugs offered are of the highest quality and efficacy. Another is to reduce prescription drug costs, which are rising at a significant rate.

Lower prescription costs enable us to keep your premiums reasonable while offering a high level of benefit. A committee of pharmacists and doctors compares each drug's safety, side effects, and effectiveness. Based on research and discussion, the clinical committee decides which ones are best for the formulary. In addition, our doctors and pharmacists stay current on the newest nationwide developments in medicine. We continually update our formulary based on the latest research.

Prescription drug costs can be the most expensive part of health care for some individuals. Current trends indicate that drug costs are rising faster than medical costs; these costs must be controlled. The alternative to a formulary would be to shift a greater portion of these pharmacy costs to members. At Advantra Freedom, we believe the formulary helps ensure quality and control costs. By using a formulary, we are able to keep your out-of-pocket costs reasonable and your benefit levels high.

You received the latest copy of the formulary in this post-enrollment packet. If you have questions about your formulary, please contact Customer Service.

How It Works

Most of the time, your doctor will prescribe a medicine from the formulary. Non-formulary medicines are not covered under the formulary benefit. If your doctor believes you need a drug that is not on the formulary, he or she can contact Advantra Freedom to discuss your options.

Please note: Advantra Freedom has an extensive network of participating pharmacies across the country. See our on-line Pharmacy Locator at www.advantrafreedom.com.

Added Convenience

You can fill your prescriptions at your local participating drug store. You can still turn to your trusted neighborhood pharmacist with questions about your medications. And if you need a prescription while you're traveling, you are covered by a network of more than 60,000 pharmacies nationwide. Our pharmacies include retail pharmacies, mail order pharmacies, home infusion pharmacies, long-term care pharmacies, Indian Tribes and Tribal Organizations and Urban Indian Organizations. Retail pharmacies may provide up to a 90 day supply. Please check with your local pharmacy for availability. For additional information refer to your Evidence of Coverage.

Generally you will need to get your prescriptions at a contracted network pharmacy but in emergency situations, benefits may be obtained out-of-network.

For your convenience, you can view and print your PEIA Advantra Freedom online formulary from the PEIA website, www.WVPEIA.com.

Medicare Subsidy Assistance for Prescription Drug Benefits

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

1 (800) MEDICARE (1 (800) 633-4227) TDD/TTY users should call 1 (877) 486-2048 24 hours a day, 7days a week

Or

The Social Security Administration 1 (800) 772-1213 TDD/TTY users should call 1 (800) 325-0778; or your state Medicaid office 7:00 a.m. to 7:00 p.m., Monday through Friday.

Generics Help Everyone Save

Using approved generic medications, when medically appropriate and available, is a sound and proven way for you to save money. Unlike some generic versions of products you buy in a grocery store, we know that the active ingredients in generic drugs are exactly the same as in their brandname equivalents. We know this because the manufacturers have to prove it to the Food and Drug Administration (FDA).

In fact, some of the companies that make brand name drugs also make and sell these same drugs under their generic name. Brand name drugs can cost up to ten times as much as generics, sometimes even more. The difference is that the brand name drugs cost you more money. FDA has been encouraging the use of lower-cost generic drug equivalents for years.

Your choice to save money is not just limited to generic alternatives to brand-name drugs. There are many generic drugs that differ chemically from a brand drug, but which have the same effect. This is called therapeutic equivalence. Unlike a generic substitution, a therapeutic equivalent will not have the same ingredients as a drug for which it is being substituted, but it will have a similar clinical effect and safety profile.

Because generic substitutes have the same ingredients as their brand-name counterparts, many states allow pharmacists to automatically substitute a generic, unless your doctor has indicated otherwise. Therapeutic equivalents, however, must be prescribed by your doctor and cannot be interchanged by pharmacists. Therefore, it is important that when your doctor prescribes a brand name medicine, you ask not only if there is a generic available, but also if a cheaper therapeutic equivalent would work for you.

General Health Services

Preventive Services

Advantra Freedom promotes a healthy lifestyle through regular preventive services as recommended by the U.S. Preventive Services Task Force (USPSTF).

Preventive care and screening tests available include:

- bone mass measurements
- colorectal screening
- immunizations
- mammography screening
- pap smears
- pelvic exams/clinical breast exams
- prostate cancer screening
- cardio-vascular disease testing

Women's Health Needs

Advantra Freedom covers a wide range of women's health care services and preventive checkups.

Mammograms

You are covered for one mammogram every year. There is no co-payment for Medicare-covered Screening Mammograms.

Pap Smears and Annual Exams

You are covered for annual pelvic exams and cervical cancer screenings (Pap smears). There is no co-payment for Medicare-covered Pap Smears. You will have a \$10 office visit co-payment for the Pelvic Exam.

A referral is not required.

Men's Health Needs

In addition to the General Health Preventive Services described above, Advantra Freedom covers **Prostate Cancer Screening** exams for men age 50 and older. You will have a \$10 office visit copayment for the Exam and no co-payment for lab services.

For more details, refer to your Evidence of Coverage (EOC).

Lifestyle Management

24-Hour Nurse Information Line

Advantra Freedom members can take advantage of the Nurse Information Line at no charge. The Nurse Information Line has nurses available by phone 24 hours a day, 7 days a week to answer your health-related questions.

You can call any time, day or night.

You can get help with problems like these:

- · arthritis flare up
- back and muscle pain
- medication questions
- minor burns
- dizziness and headaches
- colds and viruses
- swelling or cuts
- stomach pain and problems

Call the Advantra Freedom Nurse Information Line at:

1 (800) 765-7197, TDD/TTY: Call your state relay number.

Hours of operation: 24 hours a day, 7 days a week

Take out your member ID card before you call the Advantra Freedom Nurse Information Line. It has your member ID number and the Nurse Information Line phone number. When you call, a nurse will answer the phone. The nurse will ask you to give her/him your member ID number to verify you are a member and can receive this service.

The nurse may ask you questions about your concern such as:

- · where it hurts
- what it looks like
- · what it feels like

Then, the nurse can help you decide if you need to:

- go to the hospital
- go to the doctor
- care for yourself at home

Advantra ForeverFit

Advantra ForeverFit, is a wellness program designed exclusively for Medicare eligible retirees of Advantra Freedom. The ForeverFit program offers you a standard fitness center membership at no additional charge. You can choose any participating fitness center including a variety of gyms, exercise facilities and fitness centers that offer conventional and state-of-the-art exercise equipment, classes, and other amenities.

The Advantra ForeverFit program also includes a personalized online fitness program. You can log on to create your personalized fitness, dietary and wellness programs. Once online you will have access to discounts on alternative health services that provide savings on a variety of health and wellness options, including acupuncture, massage therapy and nutrition counseling.

When You Are Traveling

Should you need medical care while you are traveling throughout the United States, you are covered.

With Advantra Freedom, you are eligible for full medical benefits – not just emergency care – from any provider within the United States who accepts Medicare and Advantra Freedom's terms and conditions of payment. Be sure to bring along your Advantra Freedom member ID card and present it at the time of service.

Emergency Care

You have worldwide emergency coverage. If you are treated at a hospital in another country, you may be asked to pay for services when you are discharged. Be sure to ask for an itemized bill. Call Customer Service for help with filing your claim so that you can be reimbursed.

Getting a Prescription Filled Before a Trip

On occasion, you may plan an extended out-of-town trip or vacation. If you know you will need your prescription filled while you are away, call Customer Service at 1 (888) 816-7671. A representative will help you get approval to receive coverage for up to a three-month supply before you leave on your trip.

Your Advantra Freedom Member Identification (ID) Card

You should have already received your Advantra Freedom member ID card in a separate mailing. If you have not received or have lost your member ID card, please contact Customer Service at 1 (877) 337-4178, TDD/TTY for the hearing impaired 1 (866) 386-2335, Monday through Friday, 8:00 a.m. to 10:00 p.m., Eastern Standard Time.

Make sure the information on your ID card is correct. If changes are needed, please contact your PEIA Customer Service Department at 1 (888) 680-7342. Always carry your ID card with you in case of an emergency.

Your prescription drugs are covered through Advantra Freedom. You will not receive a separate prescription drug identification card. All the information that the pharmacy needs is included on your card.

Although your Advantra Freedom member ID card will replace your Medicare red, white and blue card, you should be sure to store your Medicare card in a safe place.

When you see a provider for medical services, you must show your Advantra Freedom member ID card. It helps to ensure that your providers get paid for their services in a timely manner.

Print a Temporary ID Card

You can view or print a temporary ID card on our website at www.advantrafreedom.com through My Online Services. My Online Services is a secure member area accessible by clicking on the red Login/Register button on the gold navigation bar on the left of your computer screen. Once you login, choose the "display current ID card" and then print it.

Sample Advantra Freedom PEIA Member ID Card

FRONT OF CARD



BACK OF CARD

Customer Service: 1-877-337-4178, TDD: 1-866-386-2335, M-F, 8:00 a.m. – 11:00 p.m., Eastern Standard Time Nurse Information Line: Call 1-800-765-7197 TDD: Call your state relay number. Hours of operation: 24 hours/ 7 days a week. Provider Services: 1-800-713-5095, TDD: 1-866-386-2335 Submit claims to: P.O. Box 7154, London, KY 40742 Electronic Payer ID: 25152 DO NOT bill Original Medicare. Medicare limiting charges apply. Send Pharmacy Claims to: Caremark Inc., PO Box 52193, Phoenix, AZ 85072-2193 Pharmacy Customer Service: 1-888-816-7671 TDD: 1-866-236-1069, 24 hours/7 days a week Pharmacy Provider Line: 1-800-421-2342 advantrafreedom.com

My Online Services

As a member of Advantra Freedom, you have access to an information-packed website. You will benefit from having a wealth of Plan information, health tips, late-breaking medical news and much more – right at your fingertips! You can register for *My Online Services* to gain access to personal account information and the ability to perform transactions anytime. This convenient, secure access allows you to:

- view and update your personal information
- view eligibility, benefit and policy information
- view claim history
- view and print a copy of your member ID card online
- request a new member ID card

If you have prescription coverage through Advantra Freedom, you can:

- look up your prescription history
- ask a pharmacist questions about your medication
- refill prescriptions
- find participating pharmacies

To access your account, go to www.advantrafreedom.com. Click on the "Members" section and select "Login/Register" from the left side of the page. Then select "Register." You'll be taken to a page with instructions on setting up your account.

All you need to set up your own personalized profile and gain access to your information is your

- member ID number
- · date of birth
- group number
- zip code

Please refer to your member ID card for these details.

We hope you will visit www.advantrafreedom.com soon and take advantage of all it has to offer. After all, it was created with you in mind. If you have questions related to the login process, you can also reach our Net Support Team at **1 (866) 629-3972. TDD/TTY users should call 1 (800) 207-1262,** Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern Standard Time. We look forward to serving you online.

Your **Login ID** and **Password** are unique to your account. Using them to access your account is designed to protect your account from unauthorized use. Advantra Freedom is not responsible for any lost, stolen, or otherwise disclosed Login IDs/Passwords or any resulting disclosure of personal information.

My Online Services is optional and not required.

Provider Communication

This section has information to help you communicate with your physicians about your new Advantra Freedom plan:

- Provider Letters This letter will provide your physicians with important information about your Advantra Freedom health plan and guide them in administering the Plan benefits with ease and assurance. Several copies of the provider letter are included in this booklet. The letters are perforated so you can easily tear one out and bring it with you on your first appointment as an Advantra Freedom member. We encourage you to use these letters. If you forget to bring it with you to your appointment, you may also send it to your physician's office by mail.
- Provider Outreach Form This form should be used if you would like an Advantra Freedom representative to contact your physician(s) on your behalf to explain how the Advantra Freedom plan works and to answer any questions your doctor's office may have.



Dear Provider:	
Your patient,	is a member of Advantra Freedom ¹ , a Medicare
Patient: Print your name clearly abo	ove.)

Advantage Private Fee-For-Service Plan.

Participation in Advantra Freedom is easy – no contract to sign and no network to join. No prior authorization or pre-certification are necessary. Reimbursement is 100% of the relevant Medicare fee schedule for all Plan covered services.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Advantra Freedom for covered health care services.

You must collect from the enrollee only the appropriate Advantra Freedom co-payments or coinsurance at the time of service. You have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Advantra Freedom enrollees.

If you decide not to accept Advantra Freedom's terms and conditions of payment, you should not provide services to the enrollee, except for emergencies.

Advantra Freedom's terms and conditions of payment include but are not limited to:

- You agree to bill Advantra Freedom, not Medicare, for reimbursement;
- You agree to collect any share of cost from the member as identified in the Plan's Summary of Benefits:
- If you are a Medicare participating provider², you agree NOT to balance bill the patient/member for any amounts in excess of what you are paid by Advantra Freedom and the enrollee, which is 100% of the Medicare Allowable Charge.

The member's ID card clearly identifies them as an Advantra Freedom Medicare Advantage Private Fee-For-Service member and lists important billing and contact information on the back of the card.

To learn more about Advantra Freedom, visit our website at www.advantrafreedom.com, or contact Advantra Freedom at 1 (877) 337-4178, Monday through Friday, 8:00 a.m. to 10:00 p.m., Eastern Standard Time. From November 15 through March 1, additional Saturday hours from 8:00 a.m. to 4:00 p.m., Eastern Standard Time. TTY/TDD users should call 1 (866) 386-2335.

Thank you for providing care to our Advantra Freedom member.

We look forward to working with you and your practice.

Sincerely,

Kimberly Covert

Sample Advantra Freedom PEIA Member ID Card

FRONT OF CARD



BACK OF CARD

Customer Service: 1-877-337-4178, TDD: 1-866-386-2335, M-F, 8:00 a.m. – 11:00 p.m., Eastern Standard Time Nurse Information Line: Call 1-800-765-7197
TDD: Call your state relay number.
Hours of operation: 24 hours/ 7 days a week.
Provider Services: 1-800-713-5095, TDD: 1-866-386-2335
Submit claims to: P.O. Box 7154, London, KY 40742
Electronic Payer ID: 25152
DO NOT bill Original Medicare.
Medicare limiting charges apply.
Send Pharmacy Claims to: Caremark Inc., PO Box 52193, Phoenix, AZ 85072-2193
Pharmacy Customer Service: 1-888-816-7671
TDD: 1-866-236-1069, 24 hours/7 days a week
Pharmacy Provider Line: 1-800-421-2342
advantrafreedom.com
This card is for both medical and prescription benefits.

¹ Advantra Freedom is offered through the following Coventry Health Care, Inc., subsidiaries who contract with the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare: Coventry Health and Life Insurance Company, Cambridge Life Insurance Company, and First Health Life & Health Insurance Company. Advantra Freedom's contract with CMS is renewed annually; availability of coverage beyond the current year is not guaranteed.

² If you are a physician who does NOT accept Medicare Assignment, you agree to accept 100% of Medicare Allowable Charges from Advantra Freedom and the member, and you may balance bill the member up to the Medicare Limiting Charge. You may not balance bill the member such that your total payment from Advantra and the member combined is more than the Medicare Limiting Rate where not prohibited or limited by state law.



Dear Provider:	
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(Patient: Print your name clearly abo	ove.)

Advantage Private Fee-For-Service Plan.

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We look forward to working with you and your practice.

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Sincerely,

Kimberly Covert Vice President

Sample Advantra Freedom PEIA Member ID Card

FRONT OF CARD



BACK OF CARD

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advantrafreedom.com
This card is for both medical and prescription benefits.

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² If you are a physician who does NOT accept Medicare Assignment, you agree to accept 100% of Medicare Allowable Charges from Advantra Freedom and the member, and you may balance bill the member up to the Medicare Limiting Charge. You may not balance bill the member such that your total payment from Advantra and the member combined is more than the Medicare Limiting Rate where not prohibited or limited by state law.



Dear Provider:	
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(Patient: Print your name clearly abo	ove.)

Advantage Private Fee-For-Service Plan.

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- If you are a Medicare participating provider², you agree NOT to balance bill the patient/member for any amounts in excess of what you are paid by Advantra Freedom and the enrollee, which is 100% of the Medicare Allowable Charge.

The member's ID card clearly identifies them as an Advantra Freedom Medicare Advantage Private Fee-For-Service member and lists important billing and contact information on the back of the card.

To learn more about Advantra Freedom, visit our website at www.advantrafreedom.com, or contact Advantra Freedom at 1 (877) 337-4178, Monday through Friday, 8:00 a.m. to 10:00 p.m., Eastern Standard Time. From November 15 through March 1, additional Saturday hours from 8:00 a.m. to 4:00 p.m., Eastern Standard Time. TTY/TDD users should call 1 (866) 386-2335.

Thank you for providing care to our Advantra Freedom member.

We look forward to working with you and your practice.

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Sincerely,

Kimberly Covert Vice President

Sample Advantra Freedom PEIA Member ID Card

FRONT OF CARD



BACK OF CARD

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² If you are a physician who does NOT accept Medicare Assignment, you agree to accept 100% of Medicare Allowable Charges from Advantra Freedom and the member, and you may balance bill the member up to the Medicare Limiting Charge. You may not balance bill the member such that your total payment from Advantra and the member combined is more than the Medicare Limiting Rate where not prohibited or limited by state law.



The Provider Outreach Form allows an Advantra Freedom Customer Service representative to contact your provider on your behalf to explain how the Plan works and to answer any questions they may have. Please complete this form and send it in the envelope provided or fax it to the number on the back of this form. The sections in BOLD are required and will help prevent delays in processing this form. Questions? Please call the Customer Service number on the back of this form.

Please provide the following Information about you.					
LAST Name:	Name: FIRST Name:		h:	Medicare Number:	
Street Address:		City:			
State:	ZIP Code:		Phone (e Number)	
Employer Group Name (if e	enrolling through a	n employer group	o):		
Please provide the follow	ing information	on providers yo	u wo	uld like us to contact	
(1) Provider LAST Name:		Provider FIRST			
Practice Name (if different th	an above)	Office Phone Nu	ımber	:	
Specialty:	·	, , , , , , , , , , , , , , , , , , , ,			
Street Address:					
City:		State:	7	ZIP Code:	
(2) Provider LAST Name:		Provider FIRST	Name	9 :	
Practice Name (if different th	nan above)	Office Phone Nu	ımber	•	
Specialty:	'	. /			
Street Address:					
City:		State:		ZIP Code:	

Mailing instructions are on the back of form.

(Back of Form)

Please provide the following information on providers you would like us to contact				
(3) Provider LAST Name::	Provider FIRST Nar	ne:		
Practice Name (if different than above)	Office Phone Number	er:		
Specialty:				
Street Address:				
City:	State:	ZIP Code:		

Advantra® Freedom is a Medicare Advantage Private Fee-for-Service Plan offered through the following Coventry Health Care, Inc., subsidiaries who contract with the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare: Coventry Health and Life Insurance Company, Cambridge Life Insurance Company, and First Health Life & Health Insurance Company. Advantra® Freedom's contract with CMS is renewed annually; availability of coverage beyond the end of the current year is not guaranteed.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: www.advantrafreedom.com.

Mailing Instructions:

Please return completed Provider Outreach form in the return postage-paid envelope or mail to:

Coventry Health Care, Inc. Advantra Freedom 2222 Ewing Road Moon Township, PA 15108-9833

Or

You can fax this form to: 1-866-415-2832

Advantra Freedom Customer Service: 1 (877) 337-4178 TTY/TDD for the hearing impaired at 1 (866) 386-2335 8:00 a.m. – 10:00 p.m., ET, Monday through Friday

Explanation of Benefits (EOB)

You will receive an EOB form if you need to pay for something. If you receive a bill from a provider that does not match the balance due on your EOB, call Customer Service.

If you receive emergency care, you may be asked to pay at the time of service. Be sure to ask for an itemized bill and mail it with proof of payment to:

Advantra Freedom Claims PO Box 7154 London, KY 40742-7154

Each time you receive health care services, your EOB will have the following information:

- what your doctor charged for the service he or she provided to you
- what Advantra Freedom paid for that service
- balance due (if you have one)
- current benefit usage

See How to Read An Explanation of Benefits on the next several pages.



00005484 508 101464
MEMBER, MARY E
1234 MAIN STREET
SOMEWHERE IL 62222

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Our organization processes and pays the claims submitted from your health care provider(s). You have received this Explanation of Benefits (EOB) as our notification to you explaining how your medical claim(s), including payments or denials, are being processed.

Payments made on behalf of:

1 ADVANTRA FREEDOM
Insured: Member, Mary E
Patient: Member, Mary E
Group Name: ADVANTRA FREEDOM COUPON—3
B
ID Number: 900XXXXXXX01—4
5—Date: 09/12/06

Payments made at the time services were rendered are not reflected on this statement.

 Claim Number:
 14474611
 9-Provider:
 ABBOTT EMS

 Plan Paid:
 \$133.66 — 7

Member

O

Responsibility: \$100.00

Billed Ineligible Member's Responsibility to Provider Plan Inel / Other

)—	Service Date From - To	Billed	Ineligible	Member's	Respon	sibility to	Provider	Plan	Inel /	Other
	Proc Code / Description — 11	Amt.	Amt.	Copay	Coins.	Deduct.	Other	Paid	Rmk	Rmk
	9/1/06 - 9/1/06 A0428/AMBULANCE SERVICES	161.00	0.00	100.00	0.00	0.00	0.00	61.00		
	9/1/06 - 9/1/06 A0425/AMBULANCE SERVICES	72.66	0.00	0.00	0.00	0.00	0.00	72.66		
	TOTAL S:	233 66	0.00	100 00	0.00	0.00	0.00	133.66		

To ensure that your health plan was properly billed, please review the services listed on your Explanation of Benefits. If you believe any of the services were incorrectly billed, contact a customer service representative using the toll free number listed below.

Complaint and Appeals Procedures

For questions or concerns, please contact a dedicated customer service representative at the number on the back of your ID card. We can also be reached at the general number of 1-866-386-2330, or for the hearing impaired,1-866-386-2335. Our hours of operation are Monday - Friday, 8:00 a.m. - 10:00 p.m., Eastern Standard Time.

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What is an Explanation of Benefits (EOB) – An EOB is a notification explaining how your medical claim(s) are processed (including payments or denials).

Is an Explanation of Benefits (EOB) a bill from the insurance company? – No, we do not bill members for medical services. We process and pay the claims submitted from your provider, facility or hospital.

EOB Generation – EOBs are created when there is member responsibility *other* than a copay. (some exceptions may apply)

My Online Services offers every member access to the following:

VIEW: EOBs; Claims history; Referral information; Benefits/coverage limits.

ACCESS TO: Print a new ID card; Request address/phone number changes.

LOG ON TO: http://www.advantrafreedom.com/.

- Carrier The insurance company paying your medical claim. If your employer is a self-funded group, their name will appear here.
- Patient The individual who received medical services.
- 3 Group Name The policy holder's employer group.
- **4 ID Number** The unique identification number assigned to the member.
- 5 Date The date your claim was processed.
- 6 Claim Number Document control number generated to identify your claim(s).
- Plan Paid Total benefit paid for services rendered.

Check Number – Check number is populated when payment is issued to the insured. The check number will display on all claims paid by the check.

- 8 Member Responsibility Amount the member may be responsible to pay the provider. This amount is payable to the PROVIDER. If payment was made at the time of service, this may not be applicable. Please contact your provider for clarification.
- 9 Provider The individual practice or facility that provided your medical service.
- Service Date From To The date(s) of your medical service.
- Procedure Code The alpha/numeric health care industry code of all services performed by the provider.

Description – The description of the procedure code.

- Billed Amount The total amount billed by your provider.
- 13 Ineligible Amount The dollar amount that is not payable/covered by the member's benefit program.

MEMBER RESPONSIBILITY

- Copay Dollar amount member is responsible to pay at the time services are rendered.
- **(b)** Coins. Member's shared expenses for eligible charges on a percentage basis.
- **16 Deduct.** Amount of eligible charges which the member must pay before benefits are payable.
- Other Refers to Other Remarks. See the bottom of the EOB for details.
- 18 Inel Rmk Numeric code used to communicate the reason for ineligible charges. The description of the numeric code is located at the end of the EOB in the Inel Remarks section.
- Other Rmk Numeric code used to communicate the reason for other ineligible charges. The description of the numeric code is located at the end of the EOB in the Other Remarks section.

MULTIPLE CLAIMS ON AN EOB

Each Header Box containing: Claim Number; Plan Paid; Member Responsibility; Provider Name and Check Number (when applicable) indicates that another claim is being displayed.

Remarks describing Ineligible or Other charges are displayed after all claims have been presented.

M0003_EOBMAPD_HTR CMS Approved: 07/08/2006

Customer Service — Happy to Help You

When you are not sure if your medical care will be covered, call Customer Service. We can help you to understand your benefits before you get health care services.

Help For Members Who Are Hearing Impaired

We have a telecommunications device for the deaf (TDD/TTY). This means that any hearing impaired members who have access to a TDD/TTY-compatible telephone, can call us. Refer to the number listed on your member ID card.

Have a Question or a Problem?

We are committed to keeping our members satisfied. Any time you have a concern about your health care plan, we encourage you to contact your Human Resources Department or Benefit Administrator, or to call Customer Service at the number listed on your member ID card.

Appeals and Grievances

You have the right to make a complaint if you have concerns or problems related to your coverage or care. Appeals and grievances are the two different types of complaints you can make.

- An appeal is a type of complaint you make when you want Advantra Freedom to reconsider and change a decision we have made about what service or benefit is covered for you or what we will pay for a service or benefit.
- A *grievance* is a type of complaint you make if you have any other type of problem with Advantra Freedom or a provider.

For a more detailed explanation on the Appeals and Grievance process, see the Evidence of Coverage. If you have questions, please call Customer Service at 1 (877) 337-4178; TDD/TTY for the hearing impaired 1 (866) 386-2335, Monday through Friday, 8:00 a.m. to 10:00 p.m., Eastern Standard Time.



AUTHORIZED REPRESENTATIVE FORM

By completing this form, you are certifying that: 1) you are authorized to act on the member's behalf under the laws of the state where the member resides: 2) documentation of this authority is available upon request by Advantra Freedom or by Medicare: and 3) you will notify us should the authorization terminate.

Member Name:
Member ID Number:
If you are the authorized representative, you must provide the following information:
Name:
Address:
Phone Number:()
Relationship to Enrollee:
Authorized Representative Signature:
Date:

Please return completed Authorized Representative form to:

Advantra Freedom Attention: Enrollment 2222 Ewing Road Moon Township, PA 15108 If you have any questions about how to complete this form, please call Advantra® Freedom's Customer Service at 1-866-386-2330, or TTY/TDD for the hearing impaired at 1-866-386-2335, Monday through Friday 8:00 a.m. - 10:00 p.m. ET. From November 15 - March 1, additional Saturday hours are from 8:00 a.m. - 4:00 p.m. ET.

Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), Coventry Health Careⁱ is sending you important information about how your medical and personal information may be used and about how you can access this information. Please review the Notice of Privacy Practices carefully, and call Member Services if you have any questions.

Notice of Privacy Practices Summary EFFECTIVE: 4/14/03

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Coventry Health Care works hard to keep your personal and health information secure and private. It is important that we tell you how we may use and share your information.

Coventry Health Care and its companies need information about you to manage your benefits. We collect your information from many sources. And, keeping your information safe is one of our most important jobs. We make sure that only people who need to use your information have access to it. We may use and share your information for:

- Treatment.
- Payment.
- Health care operations.

These uses are covered under state and federal laws. Our policies will reflect the most protective laws that apply to you. Here are some other ways that we may use or share your personal information:

- To help providers and other health plans in your treatment, payment, and health care operations.
- To give out information if required by law.
- To other businesses who work for us.
- To tell you about treatment options or health-related services.
- · To help the sponsor of your health plan serve you.
- · To people you have said may receive your information.

- To those having a relationship that gives them the right to act on your behalf.
- To researchers who take all required steps to protect your privacy.
- We may share personal information with a relative or a close personal friend.

They may be helping you with your health benefits. If you do not want us to share your information for this reason, please tell us in writing. Other times, we may need to get your permission to use or share your health information. As one of our members, you have certain rights. More information is in the Coventry Notice of Privacy Practices which follows. These rights, with some limits, include:

- Asking for restrictions.
- Asking for confidential communications.
- Asking to see and get copies of your information.
- Asking for corrections to your information.
- Asking for a report of how we may have shared your information.
- Sending a complaint or receiving more information.

Please contact Member Services to find out more. The telephone number or address is listed on your membership card or in your benefit documents.



Notice of Privacy Practices EFFECTIVE: 4/14/03

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at www.cvty.com. You may request a copy at any time.

Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services Coventry provides to your particular health benefit plan.

B. What Types of Personal Information Do We Collect?

To best service your benefits, we need information about you. We collect enrollment and other information. This information may come from you, your employer, or other health benefits plan sponsors, and our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history.

We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?

To properly service your benefits, we may use and share your personal information for "treatment," "payment," and "health care operations." Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- Treatment: We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals, and other caregivers who provide services to you.
- Payment: We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.
- Health care operations: We may use and share your personal information as part of our operations in servicing your benefits. Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, grievance or external review programs; and disease management, case

management, and care coordination.

We may also use and share information for our general administrative activities such as pharmacy benefits administration; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of a Coventry company with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about preventive care, or to inform you about a disease management program.

We may also share your personal information with providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your plan sponsor when those plans may be responsible to pay for certain health care benefits.

E. What Other Ways Do We Use or Share Your Information?

We may also use or share you personal information for the following:

- Health care oversight and law enforcement: To comply with federal or state oversight agencies. These may include your state department of insurance or the U.S. Department of Labor.
- Legal proceedings: To comply with a court order or other lawful process.
- Treatment options: To inform you about treatment options or health related benefits or services.
- Plan sponsors: To permit the sponsor of your health plan to service your benefits. Please see your plan documents for more information.
- Research: To researchers where all procedures required by law have been taken to protect the privacy of the data.
- Others involved in your health care: We may share certain personal information with a relative, such as your spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of benefits to the subscriber. Your family may also have access to

such information on our Web site. If you do not want this information to be shared, please tell us in writing.

- Personal representatives: We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.
- Business associates: To persons providing services to us and who assure us that they will protect the information.
 Examples may include those companies providing your pharmacy or behavioral health benefits.
- Other situations: We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?

We will obtain your written permission to use or share your health information for reasons not identified by this notice. If you withdraw your permission, we will no longer use or share your health information for those reasons. We do not destroy your information when your coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your coverage ends. However, we will continue to protect your information regardless of your coverage status.

G. Rights Established by Law

- Requesting restrictions: You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.
- Confidential communications: You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reason-

able requests.

- Access and copies: You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related with your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.
- Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate or as otherwise allowed by law. You may send a statement of disagreement.
- Accounting of disclosures: You may request a report of certain times we have shared your information. Examples include, sharing your information in response to court orders or with government agencies that license us. All requests for

an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To File a Complaint or Receive More Information

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Ave., S.W. Washington D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

For purposes of this notice, the pronouns "we," "us," and "our," and the name "Coventry" refers to Coventry Health Care, Inc. and its licensed affiliated companies, including Altius Health Plans, Inc.; Cambridge Life Insurance Company; Carelink Health Plans, Inc.; Coventry Health Care of Delaware, Inc.; Coventry Health Care of Georgia, Inc.; Coventry Health Care of Iowa, Inc.; Coventry Health Care of Nebraska, Inc.; Coventry Health Care of Pennsylvania, Inc.; Coventry Health Care of Louisiana, Inc.; Coventry Health and Life Insurance Company; Coventry Health Care of Kansas, Inc.; First Health Group Corp.; First Health Life & Health Insurance Company; First Health Services Corporation; Group Health Plan, Inc.; HealthAmerica Pennsylvania, Inc., HealthAssurance Pennsylvania, Inc., HealthCare USA of Missouri, L.L.C.; OmniCare Health Plan, Inc.; PersonalCare Insurance of Illinois, Inc.; Southern Health Services, Inc.; WellPath Select, Inc. These entities will abide by the privacy practices described in this Notice.

"Under various laws, different requirements can apply to different types of information. Therefore we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing benefits to you.



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Medical Summary

Service Description	Benefit			
Primary Care Office Visit	\$10			
Specialty Office Visit	\$20			
Emergency Room	\$50			
Emergency Room	Emergency or non-Emergency			
Hospital Inpatient care	\$100 per admission			
Facility Outpatient Surgery	\$50			
Other services(testing etc)	\$0			
Out-Of-Pocket Maximum	\$500			

Prescription Summary

Service Description	Benefit
Individual Deductible	\$75
Out-Of-Pocket Maximum	\$1,750
Tier 1 – Preferred Generic	\$5
Tier 2 – Preferred Brand	\$15
Tier 3 – Non-Preferred Brand	\$50
Tier 4 – Specialty Drugs	\$50



CONTACT US AT:

Toll-free: 1 (877) 337-4178 TDD/TTY for the hearing impaired: 1 (866) 386-2335 Fax: 1 (866) 759-4415

Monday through Friday, 8:00 a.m. to 10:00 p.m., Eastern Standard Time.

www.advantrafreedom.com

Advantra Freedom Coventry Health Care, Inc. PO Box 7154 London, KY 40742-7154